

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150004		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/06/2012	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST MARGARET HEALTH - HAMMOND				STREET ADDRESS, CITY, STATE, ZIP CODE 5454 HOHMAN AVE HAMMOND, IN 46320			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005004</p> <p>Survey Date: 12/3, 4, 5 & 6/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: cloughlin 12/12/12</p>		S0000	<p>S 000 The filing of this Plan of Correction does not constitute an admission that the alleged violation of Indiana Statutes or regulations, as referenced in the Department's letter of December 13, 2012 conveying the state licensure survey report 12/6/2012 in fact exist. Rather, this Plan of Correction is filed as evidence of the Hospital's desire to comply with the applicable statutes and regulations, the survey process and reporting procedures as well as to continue to provide quality of care in the delivery of its service. We intend for the Plan of Correction to serve as our Credible Allegation of Compliance.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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S0362	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D) (E)(F)</p> <p>(d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following:</p> <p>6) Ensure that the hospital does the following:</p> <p>(A) Establish written protocols to identify potential organ and tissue donors.</p> <p>(B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement.</p> <p>(C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor.</p> <p>(D) Use discretion and sensitivity in contacts with potential organ donor families.</p> <p>(E) Notify the appropriate procurement organization of potential organ donors.</p> <p>(F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants.</p> <p>Based on document review and interview, the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths.</p>	S0362	<p>S0362 The facility, Franciscan St. Margaret Health, Hammond, failed to notify the appropriate organ procurement organization, per contract of all individuals who have died or whose death is</p>		12/20/2012		

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	<p>Findings:</p> <p>1. Review of the contract between the hospital and the Gift of Hope Organ & Tissue Donor Network indicated the hospital shall provide "Gift of Hope with a Timely Notification of all individuals who have died or whose death is Imminent".</p> <p>2. Review of Donation Activity Report for January/February 2011 indicated 36 deaths occurred in February 2011 and only 35 deaths were reported. Donation Activity Report for 2nd Quarter 2011 indicated 27 deaths occurred in May 2011 and only 26 deaths were reported. Donation Activity Report for 1st Quarter 2012 indicated 31 deaths occurred in March 2012 and only 30 deaths were reported.</p> <p>3. In interview with Employee #A4 on December 4, 2012 at 4pm, #A4 verified all deaths had not been reported to Gift of Hope Organ & Tissue Donor Network.</p>		<p>imminent, during the period of January 2011 thru Nov 2012.</p> <p>1.0 Plan-To notify organ procurement organization of all individuals who have died or whose death is imminent. 1.1 Policy "Organ/Tissue donation" policy 9500-299.01 was amended in April 2012 after our missed call to death in March 2012. 1.2 A new form was developed "Expiration Checklist" (see attach 2) which is completed by the Admitting Dept. The Admitting Dept will ask Nursing if Gift of Hope was called (line #16) by whom and if patient is an organ/tisssue/eye donor. Policy amended and approved April 2012. Form developed and approved April 2012. Approved at Organ Tissue Donation committee in April 2012. 2.0 Education: Policy and form were in-serviced at unit and dept. meeting in April 2012 by Clinical Directors and Nursing Managers along with Admitting Managers. 3.0 Monitoring: Every death will be monitored for the appropriate call to Gift of Hope by Nursing unit with the attached "Real-Time QA Monitoring Tool for Organ and Tissue Donation for 90 days (See attac # 3) January 1, 2013 to March 31, 2013 by nursing managers, Access Coordinator and Nursing Services Directors. 4.0 QA Report will be completed and summarized by Senior Director of Patient Services and reported at the</p>				

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			monthly Quality meetings as part of the Housewide Quality Committee; February, March and April 2013.		